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The role of higher education in transforming the quality of dementia care: dementia studies at the University of Bradford

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ABSTRACT

There is now widespread concern about the inadequate care and support provided to people with dementia from diagnosis to death. It is acknowledged that while there is a range of effective ways to care for and support people with dementia and their families from diagnosis to death, these have yet to become integral to practice. In England, for example, the National Dementia Strategy seeks to transform the quality of dementia care. One of the key components to transforming the quality of care is to ensure we have an informed and effective workforce. We argue here that in order to transform the quality of care we need to distinguish between the aims of training and education. Whilst there is a place for skills-based workplace training, Higher Education in dementia studies has a key role to play in the provision of specialist knowledge and skills in dementia care emphasizing as it does the development of critical thinking, reflection and action. In this paper we describe dementia studies at Bradford University available at both undergraduate and postgraduate levels. We outline their aims and learning outcomes, curricula, approach to teaching, learning and assessment. We describe the nature of students who study with us, noting their fit with the Higher Education Funding Council in England's agenda for widening participation in higher education. Higher Education in dementia studies has a unique role to play in equipping practitioners and professionals with the information, skills and attitudes to realize the potential for quality of life for people with dementia and their families.

Key words: higher education, graduate studies, dementia care, quality

Role of education and training in improving dementia care

In the U.K. the status quo of dementia care is no longer acceptable. There is overwhelming concern about the inadequate quality of care provided to people with dementia and their families. It is now widely acknowledged that while there is a range of effective ways to care for and support people with dementia and their families from diagnosis to death, these have yet to become integral to practice. Thus our current health and social care response fails to meet the needs of people with dementia and their families (House of Commons Public Accounts Committee, 2008). There are economic as well as humanistic arguments for an improved response to people with dementia and their families. The costs of delayed diagnosis and iatrogenic

care regimes can no longer be tolerated in the face of growing numbers of people with dementia (National Audit Office, 2007; Knapp *et al.*, 2007). Service systems need to be part of the solution rather than compounding the problem.

The potential of an effective health and social care response to people with dementia has been well documented with the joint publication of the National Institute for Health and Clinical Excellence and the Social Care Institute for Excellence (2006) guidelines for supporting people with dementia and their families. These evidence-based guidelines point to the therapeutic potential of psychosocial interventions throughout the course of living with dementia, from diagnosis to death. It is now well established, however, that the provision of evidence alone, however necessary, is in and of itself insufficient to lead to practice or organizational change (Greenhalgh *et al.*, 2005). (For further discussion of the transfer of research to practice, see Draper *et al.* this issue.)

In England, as in many other countries, the government is committed to ensuring optimal

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quality of life for people with dementia and their families (House of Commons Public Accounts Committee, 2008). The National Dementia Strategy (NDS) for England (Department of Health, 2009) calls for a "transformation" in the quality of care provided to people with dementia and their families. The NDS aims to transform the quality of care provided to people with dementia and their families by focusing on three key areas: (1) public and professional attitudes and practice; (2) early diagnosis and support; and (3) quality of care. The strategy recognizes that the workforce is ill equipped to care for people with dementia and that this is an issue that needs addressing in order to ensure the delivery of quality services and care.

Many professional and non-professional groups lack specialist expertise or even basic training. The need for education and training for general practitioners is a key area being highlighted by the NDS and is discussed elsewhere in this special issue (see Cherry *et al.* in this issue). It is important to acknowledge that primary care is not alone in its failure to address the needs of people with dementia and their families. At least in the U.K., primary care sits within a health care system which is making efforts to address institutional ageism (Department of Health, 2001) and dementism (Macdonald and Denning, 2002; Banerjee *et al.*, 2007). We know that nurses, despite the central role they play throughout the course of living with dementia, are poorly prepared for this role (Pulsford *et al.*, 2007). Furthermore, some of the key skills required for good dementia care – emotional awareness and empathy – are not well addressed in nursing curricula (Smith, 1992). Social workers also receive little by way of preparation for their role in working with people with dementia (Marshall and Tibbs, 2006). While there will continue to be a need for specialist secondary services such as old age psychiatry and geriatrics, the majority of people with dementia in the U.K. and elsewhere in Europe are supported by non-professional groups of staff, led by nurses or social workers who themselves have little specialist education in dementia. The level of preparation of care assistants is an international concern and is addressed elsewhere in this special issue (see the Guest Editorial by Colleen Doyle).

The idea that an informed and effective workforce lies at the heart of quality dementia care is not new (Kitwood, 1997; Capstick and Kitwood, 1999; Kitwood and Capstick, 1999). Successive government reports have pointed to education and training as one key avenue to improving services. For example, in 2001 The Department of Health's *National Service Framework for Older People*, while paying relatively scant attention to people with dementia, recognized the need for workforce

education and training to increase competence. This framework identified the need to address dementia-related gaps in knowledge as a key action area (Department of Health, 2001). What is new is that for the first time in England we are on the verge of having a national strategy for dementia and, at least in the document circulated for comment (Department of Health, 2008), there is some indication that resources will be made available to ensure an informed and effective workforce.

We now need an educational strategy that is appropriate to meet the challenge of ensuring an informed and effective workforce (Department of Health, 2009). The NDS makes a welcome distinction between basic training and continuous professional and vocational development. Basic training in dementia care is essential, but as Downie and McNaughton (2000) have noted, training involves a focusing in and narrowing down on particular tasks. Education, on the other hand, involves broadening our perspectives and recognizing that there are many different ways of approaching the same situation or problem. Real changes in organizational culture can thus only emerge from programs of education that go beyond the development of skills (Baldwin and Capstick, 2007). It requires supervision, management and leadership, and an organizational culture which facilitates and rewards the transfer of such learning to everyday practice (for a recent review see Bowers, 2008).

A number of studies have indicated that the impact of in-service training on quality of dementia care diminishes rapidly over time (Moniz-Cook *et al.*, 1998). Thus an approach to workforce development which overly relies on training may not lead to sustainable change and risks wasting valuable resources. The NDS's aim of transforming the quality of care will require effective leadership and management of that change. Sustainable change requires investment in higher education to prepare role models, change agents, team leaders, supervisors and managers with an up-to-date knowledge of theory and evidence and advanced abilities in communication, critical reasoning, problem solving, decision-making and team working.

Higher education qualifications are intended to develop graduates with high-level analytical skills and a broad range of competences (see <http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/default.asp>). As such, awards in Higher Education are to be distinguished from training or solely the acquisition of higher level skills. Higher education has as its goal the development of critical thinking and informed action (Ford *et al.*, 2004). Critical thinking and critical action skills are developed through a process of facilitating students to reflect

critically on knowledge, on themselves, and on their actions. The development of such critical faculties is considered to be "transformatory" (Ford *et al.*, 2004).

Higher education has a key role to play in meeting the goal of cultural transformation required in dementia care (Kitwood, 1997; Kitwood and Capstick, 1999; Capstick and Kitwood, 1999; Downs and Capstick, 2004; Bartlett *et al.*, 2005a; 2005b; Downs, 2008). While there is still no professional body dictating the higher education requirement in dementia care, it is self evident that in order to transform dementia care, we need people who can think critically about what is currently provided and, drawing on the rapidly developing evidence base, envisage and implement what is needed in its place. By definition, practitioners and professionals need an understanding not only of what promotes quality of life for people with dementia and their families, but also what is needed to ensure such practices are integral to mainstream practice.

With growth in the number of people with dementia and a growing demand for excellence in dementia care (Downs and Bowers, 2008), education in dementia care will have to become integral to professional development programs. Everyone who comes into contact with older people will be required to have some knowledge of dementia and best practice in dementia care (Department of Health, 2008).

Bradford University's awards in dementia studies

Bradford Dementia Group, the Division of Dementia Studies at the University of Bradford, is dedicated to improving the quality of care provided to people with dementia and their families by practitioners and professionals. The University of Bradford's strap line is "Making knowledge work" and this goal permeates our graduate programs in dementia studies.

Our efforts in workforce development began with the provision of short courses in innovative ways of conceptualizing dementia and dementia care and in use of the practice development tool "Dementia Care Mapping" (Kitwood and Woods, 1996; Kitwood, 1997). Since 1992, we have been offering one- to four-day training courses in dementia care. Recognizing the need to complement a training approach to workforce development with accredited study, we began offering accredited modules in 1995. From 1998 to 2001 this work continued with partnership funding from the Alzheimer's Society and led to the introduction of an accredited

Higher Education program consisting of three modules. Students who successfully complete these modules receive both a transcript of credit from Bradford University and a certificate from the Alzheimer's Society. This program provides a certificated exit point with half of the credits required for a full course of study. Many of these students subsequently go on to enroll for full award programs.

We offer a range of university awards in dementia studies informed by an active program of research and knowledge transfer, including short courses and consultancy. These include:

Certificate of Higher Education in Dementia Studies

Diploma of Higher Education in Dementia Studies
BSc (Hons) in Dementia Studies

MSc in Dementia Studies (incorporating specialized pathways in Training in Dementia Care and Dementia Care Mapping)

Postgraduate Certificate in Change Management and Leadership in Dementia Care

All our students work in some capacity with people with dementia. They are predominantly women in the 40–50 year age group working in the U.K. and Ireland. As mature students they fulfill the Higher Education Funding Council for England's strategic aim of increasing the number of non-traditional students in higher education (see <http://www.hefce.ac.uk/widen/>). While approximately two-thirds of our students are nurses, a range of other professional and educational backgrounds are also represented. They are working in a variety of roles and in a range of settings including hospitals, memory services, day care, care homes, hospices, and the inspectorate.

Their level of study is determined in part by the level of their previous qualifications, but it is also influenced by their academic ability and confidence. Inspired and sensitive practitioners are not necessarily accomplished academic writers, and many of our students know that they have difficulties with writing analytically and applying theory to practice. Often they choose to study at the level they feel they can cope with. Thus level of study is not necessarily related to experience and expertise in person-centered dementia care, or indeed responsibility at work. For this reason, and due to the lack of dementia education in previous courses, students at all levels of study need to consolidate and develop their knowledge in the same core areas of dementia studies. At every level, therefore, there are core modules on the principles of person-centered practice, promoting health and well-being and improving dementia practice. These

modules are designed so that students who move through the levels can build on their knowledge at each stage without undue repetition.

Certificate of Higher Education in Dementia Studies

The aims and learning outcomes for this level of study can be seen in Table 1.

The core modules for this level of study include:

Person-centred dementia practice – encourages the student to understand dementia from a variety of perspectives and to reflect on how dementia is experienced both by individuals and within families.

Improving dementia practice – introduces the concepts of the reflective process and experiential learning; and enables the student to become a reflective practitioner.

Building a learning portfolio – enables the student to complete an assessed progress file commensurate with first-year undergraduate study and to develop personal transferable skills relevant to further study and career development.

Diploma of Higher Education in Dementia Studies

The aims and learning outcomes for this level of study are shown in Table 2.

The core modules for this level of study include:

Person-centered dementia practice – enables the student to further develop bio-psycho-social approaches to dementia by understanding the interplay between personal biography and bio-psycho-social factors and to apply these concepts to their own practice.

Communication and relationships in dementia care – enables the student to develop a crucial understanding of the impact of dementia on communication and relationships within families and between the client, family and services. Students apply this understanding to a specific practice intervention.

Health and well-being in dementia care – introduces the concepts of health and well-being and encourages students to consider the factors which promote, or negatively affect, health and well-being in dementia. Students apply this knowledge to their own client groups in order to identify particular challenges in promoting health and well-being in people with dementia and develop skills in health promotion and awareness.

Improving dementia practice – enables the student to identify the basic elements of organizational culture that impact on the quality of service delivery and to encourage students to assess the impact of organizational culture on working practices in their own workplace.

Building a learning portfolio – enables students to complete an assessed progress file commensurate with second year undergraduate study and to develop personal transferable skills relevant to further study and career development.

BSc (Hons) in Dementia Studies

The aims and learning outcomes for this level of study are shown in Table 3.

The core modules for this level of study include:

Person-centred dementia practice – enables the student to evaluate the extent to which their organization supports a person-centered, bio-psycho-social understanding of dementia.

Health and well-being in dementia care – enables the student to review and evaluate critically the usefulness of bio-psycho-social approaches to health and well-being in dementia and to assess and promote well-being in dementia.

Partnership working in dementia care – enables the student to develop skills and knowledge in working with key stakeholders, colleagues, and or specific interest groups in order to identify areas of service need and plan appropriate interventions in dementia care.

Building a learning portfolio – enables the student to complete an assessed progress file commensurate with level 3 study and to develop personal transferable skills relevant to further study and career development.

Option modules available to undergraduate students include “Legal and ethical issues”; “Social context of dementia”; “Dementia, life history and care practice”; “Teaching and learning in dementia care”; “End of life care; facilitating activities”; and “Elective studies in dementia practice and research.”

Postgraduate Certificate in Dementia Studies

The aims and learning outcomes for this level of study are shown in Table 4.

We also offer Postgraduate Certificates in Training in Dementia Care, Change Management and Leadership in Person-centered Dementia Care and Dementia Care Mapping. Details of these programs are on our web page (<http://www.brad.ac.uk/health/dementia/>).

The core modules for the Postgraduate Certificate in Dementia Studies include:

Guiding principles in dementia care – equips students with the knowledge to understand and appraise a range of bio-psycho-social approaches to dementia care and to develop reflective practice.

The experience of dementia – enables the student to develop an understanding of the range of experiences likely to occur when people have

Table 1. Aims and learning outcomes of the Certificate of Higher Education in Dementia Studies

LEARNING OUTCOMES			
AIMS	SUBJECT KNOWLEDGE AND SKILLS	CORE ACADEMIC SKILLS	PERSONAL AND KEY SKILLS
<p>To enable the student to:</p> <p>(1) relate effectively with people with dementia and their families;</p> <p>(2) develop the confidence, knowledge, skills and ability to assist in the assessment, maintenance and promotion of peoples' health and well being; and</p> <p>(3) develop in the area of person-centered dementia practice</p>	<ul style="list-style-type: none"> • Understand the characteristics of person-centered, bio-psycho-social approaches. • Identify and describe key factors contributing to health and well being. • Identify and describe ways of promoting effective communication with people with dementia and their families. • Identify and discuss ways to improve dementia care practice. 	<ul style="list-style-type: none"> • Assist with assessment and promotion of health and well being. • Recognize own and others' understanding of dementia and how this affects practice and its development. • Apply non-discriminatory language when describing a person with dementia. • Understand the impact of dementia on communication and relationships, recognizing the importance of communication and relationships to quality of life. • Identify key ethical and legal issues in dementia care practice. 	<ul style="list-style-type: none"> • Reflect on events and influences that have shaped own practice. • Communicate effectively in a variety of forms. • Collect and interpret information in a range of different ways from different sources. • Manage time effectively.

Table 2. Aims and learning outcomes of the Diploma Higher Education in Dementia Studies

LEARNING OUTCOMES			
AIMS	SUBJECT KNOWLEDGE AND SKILLS	CORE ACADEMIC SKILLS	PERSONAL AND KEY SKILLS
In addition to those for the Certificate (Table 1), the aims are to develop the conceptual and skill base necessary to engage in partnership working with key stakeholders, including people with dementia, their families, and other service providers.	<ul style="list-style-type: none"> • Recognize the diversity and uniqueness of living with dementia. • Identify and discuss factors and approaches contributing to the health and well being of people with dementia. • Identify and discuss what is required to communicate and develop a relationship with someone with dementia and their family. • Critically analyze key elements of situated learning. • Discuss the implications of key legislation relating to mental capacity and human rights. 	<ul style="list-style-type: none"> • Demonstrate capacity to assess health and social well being for people with dementia from diverse backgrounds. • Contribute to discussions about improving communication and relationships in dementia care. • Discuss relationship between organizational culture and working practices. • Conduct an investigation in to an individual's biography using a life history approach. 	<ul style="list-style-type: none"> • Reflect on ability to prioritize and manage workloads to meet goals. • Develop effective communication skills with key stakeholders. • Use information technologies effectively. • Gather and analyze a range of qualitative and quantitative information.

Table 3. Aims and learning outcomes of the BSc (Hons) in Dementia Studies

AIMS	LEARNING OUTCOMES		
	SUBJECT KNOWLEDGE AND SKILLS	CORE ACADEMIC SKILLS	PERSONAL AND KEY SKILLS
In addition to those for the Diploma, are to enable the student to lead and support colleagues and other care providers in the advancement of dementia practice	<ul style="list-style-type: none"> • Critique and integrate bio-psychosocial theories and concepts underlying person-centered care. • Synthesize and apply theories related to leadership and change management. • Discuss and evaluate a range of assessment tools and practices in relation to health and well-being. 	<ul style="list-style-type: none"> • Evaluate extent to which own organization supports a person-centered, bio-psychological approach. • Assess the health and well being of a person with dementia. • Select, define and justify an aspect of client care where a change in the student's practice is desirable. 	<ul style="list-style-type: none"> • Critically monitor and review own academic progress and ability to prioritize and meet deadlines. • Classify obstacles and present an evidence-based plan for changing practice. • Collect, analyze, draw inferences from, and present different types of data. • Conduct a legal, ethical and accountable practice that is open to the scrutiny of peers and colleagues.

Table 4. Aims and learning outcomes of the Postgraduate Certificate in Dementia Studies

LEARNING OUTCOMES			
AIMS	SUBJECT KNOWLEDGE AND SKILLS	CORE ACADEMIC SKILLS	PERSONAL AND KEY SKILLS
Equip students with an understanding of the theoretical concepts guiding care for people with dementia and the ability to apply these to the range of evidence in the field;	<ul style="list-style-type: none"> • Critically evaluate guiding principles in dementia care. • Critically appraise the nature of the evidence in dementia. • Critically understand the experience of dementia. 	<ul style="list-style-type: none"> • Synthesize complex information on a range of issues related to dementia. • Critically evaluate complex and contradictory evidence. • Develop an evidence-based intervention plan in dementia care and policy. 	<ul style="list-style-type: none"> • Use initiative in self-directed learning and make written argument. • Make sound judgments based on complex information and solve problems.
Enable students to develop a critical understanding of the user experience;			
Enable students to develop autonomous learning skills for lifelong learning;			
Enable students to develop personal and transferable skills in line with the University's Teaching and Learning Strategy.			

Table 5. Aims and learning outcomes of the Postgraduate Diploma in Dementia Studies

AIMS	LEARNING OUTCOMES		
	SUBJECT KNOWLEDGE AND SKILLS	CORE ACADEMIC SKILLS	PERSONAL AND KEY SKILLS
<p>In addition to those for the PgCert (Table 4), the aims are to:</p> <p>Equip student with the knowledge and skills to develop innovative practice initiatives, services and policy for people with dementia or their families.</p> <p>Equip student with the knowledge and skills to evaluate practice initiatives, services and policy for people with dementia or their families.</p> <p>Enhance student's understanding of organizational change.</p> <p>Enhance student's understanding, reflection and application of ethical concepts in dementia.</p> <p>Prepare student to become an agent of practice change in service improvement and sustainability.</p> <p>Extend strategies for engaging users and other stakeholders in order to improve quality of service.</p>	<ul style="list-style-type: none"> • Critically appraise factors affecting practice development and organizational change. • Critically reflect on the design of an evaluation of a practice or policy-based intervention. • Critically understand innovation in dementia care and its implementation. • Critically evaluate ethical concepts in dementia. 	<ul style="list-style-type: none"> • Develop a strategy for eliciting and incorporating user views in service design and provision. • Critically evaluate the full range of evidence guiding service provision. • Synthesize complex information gathered from a range of sources. 	<ul style="list-style-type: none"> • Act autonomously, exercise initiative and assume personal responsibility. • Apply originality and creative problem solving in dealing with complex issues.

dementia and to engage with the lived experience of individuals.

Postgraduate Diploma in Dementia Studies

The aims and learning outcomes for this level of study are shown in Table 5.

We also offer Postgraduate Diplomas in Training in Dementia Care and Dementia Care Mapping. Details of these programs are on our web page.

The core modules for the postgraduate diploma in dementia studies include:

Practice development and organizational change – enables the student to identify ways to improve the care of people with dementia and to contribute effectively to dementia services development.

Research literacy and design – enables the student to develop a critical understating of the nature and generation of evidence in dementia care.

Option modules available to postgraduate students include “Brain and behavior: implications for dementia care practice”; “Teaching, training and learning in dementia care”; “Dementia and society”; “Ethical and legal issues”; “Evidence-based dementia care”; and “Elective studies in dementia practice and research.”

MSc in Dementia Studies

The aims and learning outcomes for this level of study are shown in Table 6.

We also offer a Masters program in Training in Dementia Care and Dementia Care Mapping. Details of these programs are on our web page.

The one core module for the MSc in Dementia Studies is the dissertation. Students develop a detailed plan for a practice intervention in their own area of work on a topic of their own choice. This work is carried out under individual supervision by a member of the academic team with a specific interest in the student’s chosen subject area.

MPhil/PhD study

In recent years we have developed an MPhil/PhD program by distance learning, for those wishing to take this level of study.

Course delivery

Our accredited courses are taught by distance learning using print-based learning materials and e-learning technologies. We draw on humanistic and constructivist theories of adult learning including self-directed learning (Knowles, 1984), experiential learning (Kolb, 1984), reflective practice (Schön, 1984) and life-long learning. Such approaches belong to a model of adult, life-long learning and

have been shown to be effective in the related field of palliative care (Yates *et al.*, 1996).

Course materials are developed and delivered by a multidisciplinary, research active team with backgrounds in nursing (general and mental health), psychology (clinical, community, general, and neuro-psychology), occupational therapy, social work, sociology, and social policy. Our course management team includes a range of stakeholders including people with dementia and family carers (Thompson *et al.*, 2007) and practitioners and professionals from the range of care sectors.

Print-based materials

The *Study Guide*, written by members of the course team, supports learning through a range of conceptual, practical and interactive activities and exercises including guided reading, reflection and discussion. The *Guide* helps students prepare for, and write, their assignments. *A Resource Pack* accompanies the *Study Guide* and contains all the required readings.

E-learning

There is a wide variation in computer literacy and access to computer facilities among our student cohort. All students are encouraged to engage with electronic resources, and in some modules there is a compulsory on-line element, but there is scope for students to choose a balance of paper-based and electronic activities that suits their needs.

The virtual learning environment provides:

1. facilities for online discussion, blogs, wikis and a virtual classroom;
2. a quick link to library services and other online resources and facilities;
3. an electronic notice board for information and guidance;
4. an electronic file cabinet for course documents.

Online learning allows:

- discussion of contemporary concerns and material
- easy access to additional resources
- forum for dialogue and debate with fellow students
- engagement with online experts including people with dementia who otherwise may have difficulty engaging with students studying at a distance
- communities of learning and practice
- sharing reflective practice through use of blogs
- a range of modes of presenting material, including audio and video
- innovative approaches to collaborative assessment

In addition we offer individualized support using email, telephone, web cams, skype, and, where feasible, face-to-face contact. We have a student newsletter with information about University

Table 6. Aims and learning outcomes of the MSc in Dementia Studies

	LEARNING OUTCOMES		
AIMS	SUBJECT KNOWLEDGE AND SKILLS	CORE ACADEMIC SKILLS	PERSONAL AND KEY SKILLS
In addition to those for the PgDip (Table 5), the aims are to enable student to: become a critical consumer of research critically appraise the nature of evidence guiding dementia care identify subject areas and strategies for future research.	<ul style="list-style-type: none"> • Understand and critically appraise a detailed knowledge of current research and scholarship in a specialist area. • Identify appropriate research designs and methods for specific purposes and applications. • Identify gaps and inconsistencies in the evidence base guiding practice and service development. 	<ul style="list-style-type: none"> • Apply critical reasoning to the existing evidence base and scholarship. • Deal with contradictory evidence and synthesizing research evidence. 	<ul style="list-style-type: none"> • Make sound judgements on the basis of existing evidence.

services, events taking place within the Bradford Dementia Group, new publications and other news. Increasingly students are contributing stories about their experience of studying with us. New students are encouraged to identify mentors in the workplace who can provide them with informal support during their course.

Assessment

A range of assessment strategies are used on the courses, including: essays, case studies, life history projects, reports, group work, work setting analysis, practice audit and contribution to online discussion. All assignments are practice-based projects which require the student to engage in their workplace thus assisting them in improving the quality of care.

Conclusion

The quality of dementia care to which we aspire makes it essential that practitioners and professionals have the knowledge, skills and attitudes to improve their own and their colleagues' practice. We need practitioners and professionals who can adopt a critical perspective on existing service systems and care practices and who can act as role models and change agents. We need confident practitioners and professionals who demonstrate compassion, empathic communication, creative problem solving, critical thinking, reflection and partnership working. These attributes might be collectively described as emotional intelligence (Goleman, 1995) and require a particular kind of learning experience, one which draws on principles of adult learning and which is adapted to support those in full or part time work. The graduate courses at the University of Bradford aim to meet these requirements through a process of continuous evaluation and review.

Future directions

There are five key areas in which we will be developing our provision over the coming years. These include: (1) working with our colleagues in professional development programs (such as nursing, social work and rehabilitation studies) to identify where dementia care will best fit within their programs; (2) taking full advantage of developing information technologies to facilitate interactive and collaborative learning; (3) maximizing input from experts by experience – both people with dementia and their families as well as practitioners and professionals in all phases of development, delivery, as-

essment and evaluation; (4) developing an evidence base for effective higher education in dementia care; and (5) maximizing the potential of arts-based approaches to teaching and learning in dementia care.

Conflict of interest

None.

Description of authors' roles

All authors assisted with conceptualizing the various programs of study and drafting specific sections of the paper. M. Downs produced a first draft of the paper, P.C. Baldwin, C. Surr, A. Capstick and E. Bruce assisted with drafting the sections on course delivery, and A. Capstick assisted with drafting the section on the role of education and training in improving dementia care.

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